Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TTEM 21d & 21e

1 - STATE Film REGISTRAR

24. FUNERAL DIRECTOR

Anatomy Board

DHMH - 17 (VR A15 ME (5))

30M 7/73

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126 KIND OF BUSINESS OR INDUSTRY

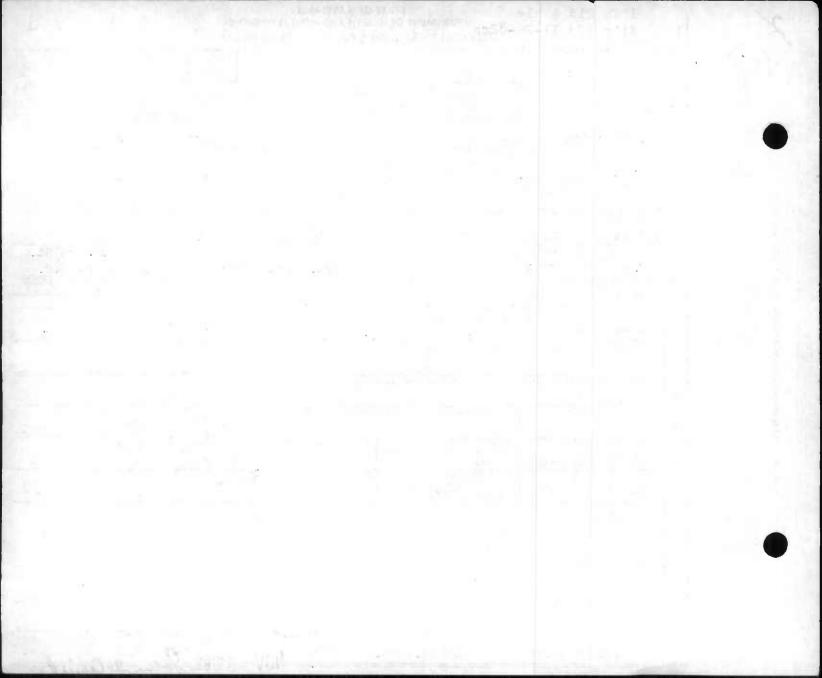
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2B. AUTOPSY?

ETWEEN ONSET AND DEATH



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injury, or other troumatic event,

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

IMPORTANT: If them 21 is morked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by

retained by the haspital or attending physicia

PHYSICIAN: The low

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SEX	Male		RACE	1	S. DATE O	DF BIRTH	YEAR /2	6 AGE (IN YEARS)	70	,	MONTH	DER I YEAR	HOURS	MIN.
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ı		iderlying couse		(c)	r as a conseo	UENCE OF									
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	ē L	P	osab	ee c	pronic	055	truct.	ire lur	15 Lives						
	CERTIFICATION 130	DATE OF OPERAT	ION	19b. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PE	RFORMED	1200 AUTOPSY	?	NCERTIF	YING S	CAUSES	OF DEAT	TH?
1		ACCIDENT WAS UND		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOV	V INJURY OCCUR	RED (ENTER NATURE	OF INJURY I			R PART 2)		
	S (IF	CONTRIBUTING C	AL EXAMINER)	Р.		19									
		HILE NOT WE AT WO	HILE [7]	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	211. LOC	ATION	cim	OR TOWN		со	YTAUC	\$1	ATE
	220	I certify that (I) sow the decease above, (I) (we) (d	d olive on_		11/7 19		il ()	my) (our) opinion	, to death occurred on	the date	ond hou	19_6 r and		that (I) (s	
	2214	SIGNATURE .	Zami	re m	D	87	DEGREE	ATTENDING	MEDICAL DIRECTOR T	STAFF	N. C.	2	11/1	SIGNED	7
1	724	PHESICIAN'S NA	(TYPE OR P	RINT)			22e. ADD		J DIRECTOR [] 1	TITSICIA	14 140				
	-	Stephi	en -	Zeme	4		How	ard Count	y sever	il h	1050	ita	l E	-R	
I	23a. BURI.	AL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY	OR CREMATORY	23d. LOC ATIO	N vn		COUNT	ty	517	ATE
I	C	remation		11/18	/82	Green 1	Mount	Cremato	ry Balt	imor	e. M	d.			

BP

HOSPITAL

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

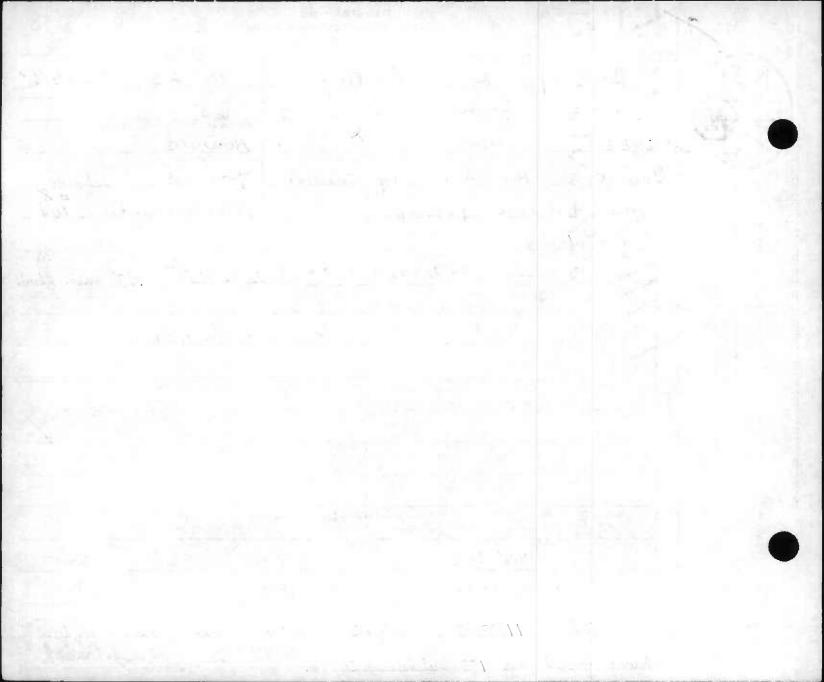
Green Mount Crematory Baltimore, Md.

250 DATE REC'D. BY REGISTRAN POR REGISTRAN SIGNATURE

6500 York Rd. NOV 291982

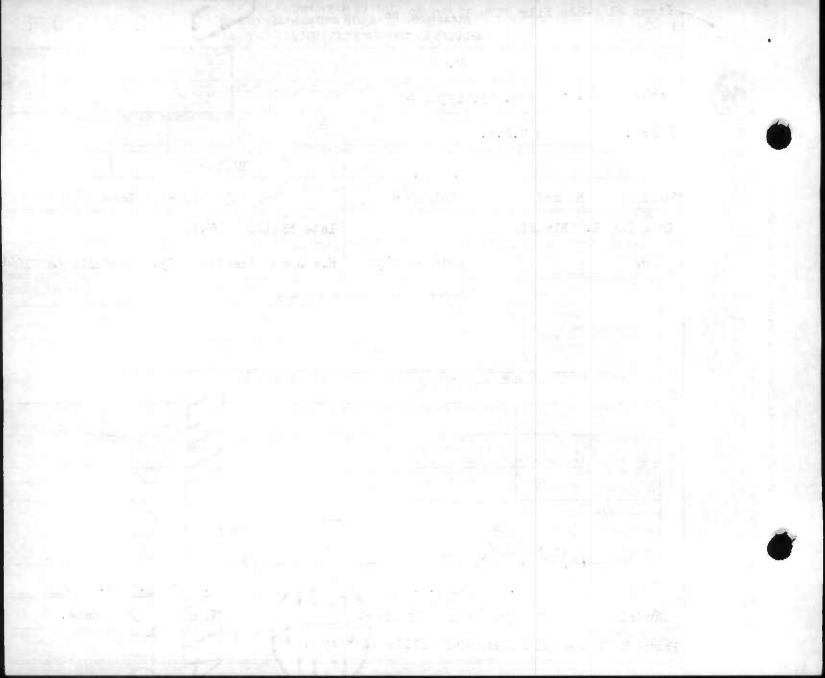
MARKET AND SECOND VINE SECTION TO

7		FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 2 Z	29500
	(TYPE	CEASED NAME FIRST CONWAY	WIDDLE	Blakley	20 DATE OF DEATH MONTH	82 04/6
6	3. SE	Male RTHPLACE (STATE OR FOREIGN	Cauc	5. DATE OF BIRTH J	6. AGE (IN YEARS LAST BIRTHDAY)	
03	V	COUNTRY) COUNTRY) COUNTRY TY OR TOWN OF DEATH	16 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	Howard	^
81	(lolumbia	Howard Co.	REET ADDRESS)	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS O INDUSTRY
55	13a. S	Md 136 COL	1	OWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 1734 Was Ch	gton Blud
30		THER'S NAME Robert Blakl		15 MOTHER'S MAIDEN N	MIDDLE	O IAST
o medica		/AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G **RO**	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES) 227/	44611 wife Do	ADDRESS Dris M. Blakley	7734 Wash Blu
	ATION .	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	icestive Hear	OUENCE OF O DEATH BUT NOT RELATED TO THE TER FORM (CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
2	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	IN CER	TIFYING CAUSES OF DEATH?
1	MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE AT WORK AT WORK		19 21f LOCATION	CITY OR TOWN	COUNTY STATE
		220. I certify that (y) (this hosp sow the deceased alive o above, (l) (we) (did) (did n	oital) attended the deceased from		n death occurred on the date and h	19 St., that (1) we) los
		226. SIGNATURE	New Oan	DEGREE ATTENDING PHYSICIAN 172e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11/V3/8-
1		17	Aricopus	9051 30	ill Nat Pule EL	, md 21043
	(URIAL, CREMATION, REMOVAI BECEFY) BURIAL NERAL DIRECTOR	11/23/82 23	Meadowridge Cemete	ry Dorsey Hou	county STATE and Maruland
	1	nbrose Funeral	Home 1328 Sul	phus Spring Rd NO	V 2 4 1982	STRAR'S SIGNATURE.



	. DEC	OR PRINT)	RST	MIDDLE W.	LAST		2a. DATE OF	REG. NO.	MONTH DAY	YEAR 26 HO
8.			RREN		BLAND			MATED	11 26	19 82
3	SEX	ale White	Aug. 13	, 1936 6. AGE (IN YEAR LAST BIRTHDAY YRS	MONTHS D	YR. IF UNDER	MIN. PRONOU DEAL	NCED	11 26	YEAR 2d. HO 2:5
ľ	a. BIR	THPLACE (STATE OR EIGH COUNTRY)	U.S.A.	WHAT COUNTRY?	MARRIED E	NEVER MARR	ED U	ard Cou	COUNTY OF D	EATH
i		YOR TOWN OF DEATH		OSPITAL, NURSING HOME, HEACHLITY, GIVE STREET ADDRESS) CO. Gen. Host	or other in:	STITUTION	12a. USUAL OCCU	PATION (TYPE	OF WORK 12b. KIN	ID OF BUSINESS INDUSTRY
1	SÜA	RESIDENCE (IF IN NURSING	HOME OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISSION 13 CITY OR JOWN COLUMBIA	N) 13d. II	NSIDE CITY LIMITS?	13. STREET ADDR	ESS Indmill	Lane	
i		ter's NAME ters Roy D. I	BlandTH	LAST	15. M	other's maide	N NAME			AST
i	6a. W	AS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECURITY		FORMANT		ADDRESS		
	110	yes	S, GIVE WAR OR DATES)	016 28 083	O M	rs Joan	Blandin	5234	Windmil	1 La 21
		Canditions, if any, gave rise to imme cause (a) stating the Lying cause last.	ediate (b)	or as a consequence of or as a consequence of						
	CATION	gave rise to imme cause (o) stating the <u>t</u> lying cause lost.	DUE TO, C (c) OTHER TO BEAUTIONS CONTRIBUTING TO GEA		F HAL DISEASE OR CO		RT 1 (a)		20. A	UTOPSY?
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DHMH - 17 (VR A15 ME (5)) 20M 4/82



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. For etained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dilineshalped for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours as

IMPORTANTs. If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical grammarfunyst be patified at ance.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 9 5

REGISTRAR				CERTI	ICATE OF DEATH		REG. NO) .		
L DECEASED NAME (TYPE OR PRINT)	ZLEN	J	ane (AM	BELL		OF DEATH	1 19	9 8Z	26. HOUR / 15 P
s. SEX Femal		CA	ruc.	S DATE (ZI 45	6 AGE (IN	36.		MONTHS DAYS	
70. BIRTHPLACE (STATE OR FOR COUNTRY) Pennsylvar		U.S	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIM	HOWA	R COUNTY RD	OF DEATH	м
COLUMBIA	10	569	TASON 4	ANE	OR OTHER INSTITUTION	(TYPE OF WO	L OCCUPATION OF FOR MOST OF	WORKING LIFE		OF BUSINESS OF
USUAL RESIDENCE (IF NURS 130. STATE Maryland	136 COUNTY Howard	R INSTITUTION,	13c. CITY OR TOW Columb	/N	136. INSIDE CITY LIMITS?		TADDRESS Jaso	n Lan	е	
4. FATHER'S NAME FIRST Jonathar	MIDDL	E	Bland	GP 19	15. MOTHER'S MAIDENNA FIRST Elizabeth	ME	WIGGE		O'Con	nor
60. WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED (IF YES, GIVE WAR	OR DATES	166 SOCIAL SECT 214-48-1		Jonathan Bla				y Ridge	e Place
PART 2 OTHER SIGN	g the lost.	(c)	R AS A CONSEQUI		NOT RELATED TO THE TERM	NINAL DISEA	ASE OR CONE)ITION GIV	EN IN PART 1	(0)
190 DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?	IN CERTIF	, WERE FINDS YING CAUSE S	INGS USED S OF DEATH?
OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	P./	M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCURI					
WHILE NOT WE AT WORK	HILE [21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	'N	CONNIA	STATE
220.1 certify that (I)	d alive on	1.13.K	19_		, 19 nd that in (my) (ever) apinion of	death accur	red an the do	ite and havi	r and from the	ESIGNED
TA DAD	ISMAN	11100	1	M	ATTENDING PHYSICIAN [R PHYSIC	IAN		19.8Z MD
230 BURIAL, CREMATION,		Bb. DATE			EMETERY OR CREMATORY	23d. LO			contra	MATATE

Defretoistic Russell C. Witzke Funeral Homes P. As. Date REC'D. BY REGISTRAR'S SIGNATURE 5555 Twin Knolls Rd. Columbia, MD. 21045 WOV 23 1982

NOV 23

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed within 72 hours after death

should be detached for use as the burial transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.



4 may be

executed within 24 haurs after

ATTENDING PHYSICIAN: The law requires that the death certificate be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

	FOR STATE REGISTRAR			HEALTH AND MENTAL HYO	REG. NO.	2950
		FIRSCLARA	R. DA	Dawson	26. DATE OF DEATH MONT	12/82 123
3 55	Female	4. RACE White	Marc	of Birth 24,1917 FAR	6 AGE (IN YEARS LAST BIRTHDAY) 65	MONTHS DAYS HOURS
6 9	IRTHPLACE (STATE OR FO OUNTRY) entucky		U.S.A. WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	
11	ITY OR TOWN OF DEA		F HOSPITAL, NURSING HOME SUCH FACILITY, GIVE STREET ADDRESS) rdCountyGEneral		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSewife	
13a	AL RESIDENCE (IF NURS STATE ryland	SING HOME OR OTHER INSTITUTION 136 COUNTY Howard	DN, GIVE RESIDENCE BEFORE ADMISSION 134 CITY OR TOWN EILICOTT Cty	I 13d, INSIDE CITY LIMITS?		21043 e., Ellicott Ci
7	ather's NAME iles Reyn	olds	LAST	15. MOTHER'S MAIDEN NA	fustice MIDDLE	LAST
16a \	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES' (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 407 18 8314	17 INFORMANT Robert Lee	Dawson 5118 Av	roca Ave., 2101
		mediate ng the lost UCC ANT CONDITIONS	OR AS CONSEQUENCE OF	T OANO	AINAL DISEASE OR CONDITIO	IN GIVEN IN PART 1(0)
CERTIFICATION	OPPEN	- , ,,-,	DITION FOR WHICH OPERATION		20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES VAND NO
EDICAL CER	OR CONTRIBUTE CONTRIBU	RED 21e PLAC	OF INJURY A.M. MONTH DAY YEAR P.M. 19 19 19 19 19	211. LOCATION	RED (ENTER NATURE OF INJURY IN IT	
W	you the decybor	(this hospital) attended	street, FACTORY OFFICE, FARM, ETC.) The deboard from \$2.00	190	to	. 19 that (I) (wind hour and from the causes sto
	176 SECURITURE	X Lees		DEGREE ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
1	THE PHYSICIAN'S NA	AME (TYPE OR PRINT)		22e ADDRESS 345	9 5+ 10	MNS LA

23c NAME OF CEMETERY OR CREMATORY GoodShepherd

BP.

retained by the hospital ar attending physician

TO HOSPITAL OR

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Harry HWitzkr 4112 ColumbiaRd EllicottCity

23b. DATE Nov 15, 1982

230. BURIAL, CREMATION, REMOVAL

23d LOCATION Cityou Howard Md. 250. DATE REC'D. BY REGISTRAR 254 REGISTRAR'S EGNEURE

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havin after death. Page 4 retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 happing with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.
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STATE OF MARYLAND	4%	0	6	73	2 40	13	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O	2	2	9	3	U	6
CERTIFICATE OF DEATH		REG. NO.			1		

10	1-	STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
87	1.445	Garanati.	RITA		ANN	DEM	PSEY	11	-3-83	24.19Pm
	1.5E	X III TO DE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
	FEMALE			WH:	ITE	0.5	31 42	40 \	rrs.	S HOOKS MILE
8_	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			16 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR CO	JNTY OF DEATH	
335		MARYLAND		U.S	S.A.	WIDOWE		HOWARD CO	UNTY	MD.
101	In CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		OF BUSINESS OR
184		COLUMBIA					GEN. HOSP.	HOUSEWIFE	ind the house	
of pe	USUA 13a S	AL RESIDENCE (IF NUR	13b COU		, GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
20	N	MARYLAND		WARD	ELLICOTT		YES NO X	9886 POSTWIC	K ROAD,	21043
gine	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		AST
150		FRANCIS		P.	CHECKES	SR.	MARY	CHRISTINA	GRI	ERSON
ico		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS E	LLICOTT (CITY, MD.
a a		NO	(,	219-40-2	2516	RONALD DEMP	SEY 9886 POST	WICK ROAL	D 21043
t, the		18 CAUSE OF DEAT	H (Enter a)	nly ane cause per	line far (a), (b), and	l (chi			APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
even		PART I. DEATH V		:D BY; TE CAUSE (a)	Cardia	CA	Reest		-	
ofic		5/92		DUE TO, O	R AS A CONSEQUE	NCE QF	_ \			,
E O		Canditians, if any		(b)	Respir	cuta	ry Failur.	4	64	cours
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roth		underlying cause	e lost	(c)_	FIbrosi	ploomed st	· years			
ry, o	7	PART 2 OTHER SIG		-				INAL DISEASE OR CONDITIO	N GIVEN IN PART	Na
ini	CERTIFICATION			RUCTI				/		
Son 7	ICA	190 DATE OF OPERATION		196. CONDITION FOR WHICH OPERATION WAS			N WAS PERFORMED		IF YES, WERE FINE ERTIFYING CAUSE	
how	RTIF	N	14		NH		Tal Having	YES NO	YES	NO 🗆
8 9		218. ACCIDENT WAS UN	_	- LIGHT A		YEAR	212 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART OR PART 2)
Hem	MEDICAL	(IF EITHER, NOTIFY MEDI	CAL EXAMINER) P.	M.	19	24 - 22 - 21 - 21			
a p	MED	21d. INJURY OCCUR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
arke		AT WORK AT W	ORK -				1/2 / 03	11/3/	07	
is m		22a.1 certify that (I saw the decea		2. / 0	le deceased fram_ 19_4	2	ad that in (my) (gur) apinian	death accurred an the date an	d hour and from to	he says as stated
m 2		abave, (I) (we) (did) (did n	view the bady	after death.		DEGREE	acom accorded on the gare on		TE SIGNED
# He		110. SIGNATURE	1	1 ~	n.D.		ATTENDING .	_MEDICAL STAFF	. /	2/22
ž-		72d PHYSICIAN'S N	AAAE		11.0.		PHYSICIAN 2	DIRECTOR PHYSICIAN [111/-	3/95
MPORTANT					RRELL	6.44		D WAY, SELLER	ENA PK	mD 2114
MP		BERN								
	- (BURIAL, CREMATION SPECIFY)	, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		TOMBMENT UNERAL DIRECTOR		11-06	-82 C	REST	LAWN MEM. GAR	MARRIOTTSVI		
77		NAME			ADDRESS		21229	01/ 5 4000	7 CO	Carrie
	HU.	BBARD FUNE	RAL F	IOME, IN	C. 4107 W	TLKEN	S AVE.	MAN MOCI G	iv und	The state of the s

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) A SECTION OF THE SECT DOLY The State of the Transport particle &

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours aft

should be detoched for use as the burial-transit permit. Then please remove corbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal morked or Hem 18 shaws ony

IMPORTANT: If them 21 is

injury, or other traumatic event, the

be postified of once

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 9 3

1	REGISTRAR				CERTII	FICATE OF DEATH	REG. N	0			
1. DI	ECEASED NAME	FIRST	٨	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	25 HOUR	- D
	PE OR PRINT)	Helen	Eli	zabeth	Ga	llager	November	11,	1982	12:05	Y M
3. 58	EX		4 RACE		5. DATE (6 AGE (IN YEARS LAST 8#	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	- TAT
	Female	el.	Cauca	isian	Dec		71	YRS.	MONTHS DAYS	HOURS MIN.	
70. E	SIRTHPLACE ISTA	ATE OR FORFIGN	b CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	100	
	Pennsy.	lvania	US	SA	WIDOWI		Howard (lount	v. Mar	yland	
10.	CITY OR TOWN O				IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	125 KIND O	F BUSINESS OF	
	Ellico	tt City		F.deewo		Road 21043	Housewid	P WORKING LI	FE) INDUSTRY Hom	10	
	JAL RESIDENCE	F NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		4	. 0	11011		-
1	ryland	HOW	ard	Ellico		134 INSIDE CITY LIMITS?	3161 Edg	weoo	d Road	21043	3
14 F	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE				_
	Josepi		Ρ.	Rodge	ers	Bessie	P.		Ste	ele	
	WAS DECEASED	EVER IN U.S. ARA		166 SOCIAL SECU		17 INFORMANT	ADDRI	SS			-
L	NO OR UNKNOW	N/A	WAR OR DATES)	215-48-	-7124	Dr. Wilmer	K. Galla	ger	Jr.		
	18 CAUSE OF	DEATH (Enter onl	y one couse per	line for poi, (b), on	dicit	,			APPROXI BETWEEN C	MATE INTERVAL	=
	PARTI DEA	TH WAS CAUSED IMMEDIATE	E CAUSE (a)	Kena	1 Fo	ulure				wk	
	199	1	DUE TO, OF	R AS A CONSEQUI	ENCE OF	. 01			/		
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1	gove rise to	stating the	DUE TO, OF	R AS A CONSEQUI	ENCE OF						
	underlying	couse lost.	(c)								
1,	PART 2 OTHER	SIGNIFICANT	onditions <u>cc</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIV	EN IN PART 110	0)	=
CERTIFICATION											
CA	19a DATE OF OI	PERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN		
≒							YES NO	YE		NO [
	21a. ACCIDENT W	AS UNDERLYING CAUSE OF DEAT	21b. TIME OF	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)		_
CAL		Y MEDICAL EXAMINER)	P.A		19						
MEDICAL	21d INJURY OC	CURRED	21e PLACE C	OF INJURY EET FACTORY OFFICE, F	APAL ETC.	211. LOCATION	CITY OR TO	WN	COUNTY	STATE	
2	AT WORK	AT WORK	THE STREET	LET FACTORY OFFICE, F	ARM, ETC.)	1	/			31816	
		ot (1) (this hospit			3/	75 19 82		·	19 82	tho (1) (we) lost	_
	sow the de	we did did not	view the hody	ofter death	821 01	nd that in (vy) our) opinion	deoth occurred on the de	ote and hou	r and from the	couses stoted	
	22b. SIGNATUR	E	1		/	progre	/		22c. DATE	SIGNED	-
	a	bellom (2 60	tuful	>	PHYSICIAN E	MEDICAL STAI		nli	1/82	
1	22d. PHYSICAN	S NAME (TYPE OR	PRINT)	17		22e ADDRESS 54	GENES HOS	0		1	-
	Win	14m C	WATE	AFIEL.	0	900 Cato	a ave 1	Balt	e md.	21229	
	BURIAL, CREMAT	ION, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				Z.
	Crema	tion	11/12	2/82 Se	ecuri	ty Process	Catons	rille	Balt	o., MI)

DHMH - 16 50M 1/81 (VRA 15, 4)

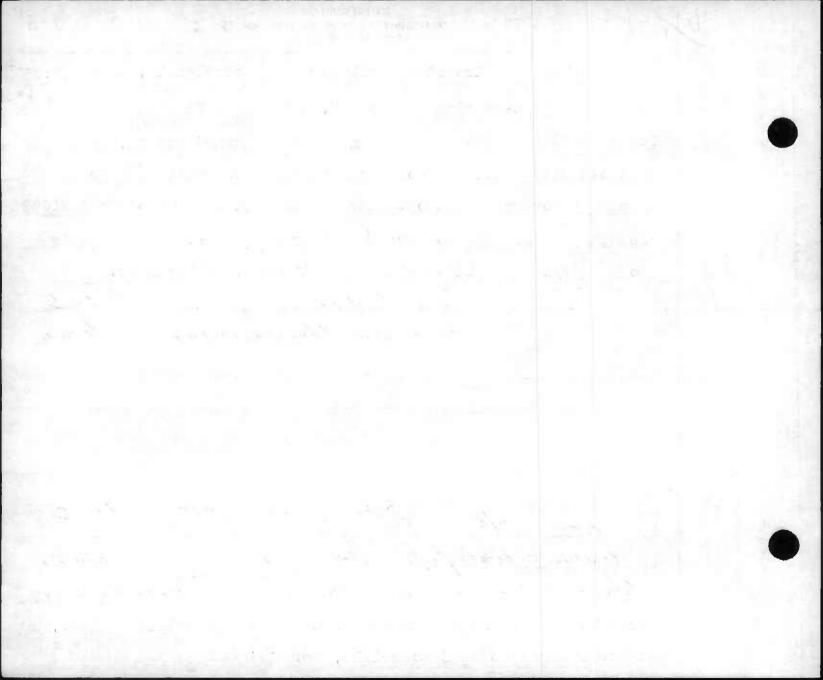
24 FUNERAL DIRECTOR MacÑabb Funeral Home

FOR

Catonsville, Mc OV 15 1982

Catonsville

Balto.,



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the shauld be detached far use as the burial transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed with with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, ar ather traumatic event, the medical

IMPORTANT: If them 21 is marked or Item 18 sha

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1	FOR - STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL HYG	REG. NO.	. 9 .	, 0 5
	CEASED NAME	Eilee	n	Gord		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	Sur Klisti)	EILEE	N.	00100	GORP	ON	November 19.1	982	7PM »
3 SE	Х	4	RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	7	Thite		Feb.		YRS.	MONTHS DAYS	HOURS MIN.
7a B	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
	New York		U.S.	Α.	WIDOWE		Howard Count	У	MD
	Licott City		. NAME OF P	OSPITAL, NURSIN HEACILITY, GIVE STREET Longviev	GHOME CADDRESS	OR OTHER INSTITUTION Ve	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L		OF BUSINESS OR
irj	AL RESIDENCE (IF NURS STATE Land	136 COUNTY Howar		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Ellicott	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 9809 Longview D	rive	
	ather's NAME ate Francis		ordon	LAST		late Mary I	DAniels MIDDLE	LA	51
		IN U.S. ARME		166. SOCIAL SECU		17 INFORMANT	ADDRESS		
1	XES, NO OR UNKNOWN)	(IF TES, GIVE W	AR OR DATES]	087 28 9	9595	Frank Gordon	9809 Longview 1	Dr. 210	43
	PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which nediate g the	DUE TO, OF	AS A CONSEQUE MC LS TU L AS A CONSEQUE COLAM CA	NCE OF			9,	mos.
LION	-	-	nditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIV	VEN IN PART 1	01
CERTIFICATION	19g. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDIF FYING CAUSES ES []	NGS USED S OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	-	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
MED	21d, INJURY OCCURR WHILE AT WORK NOT WHI AT WORK	ILE 🗍	21e. PLACE C	OF INJURY SET FACTORY OFFICE FA	ARM, ETC }	21f LOCATION	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) saw the decease above.(1)(we) (d				2, ar		to NNemds 14, death accurred on the date and how		
	226. SIGNATURE		, Lar			DEGREE ATTENDING	_ MEDICAL STAFF	22c. DATE	
	22d PHYSICIAN'S NA	e out	fun Mr	/		PHYSICIAN Z	DIRECTOR PHYSICIAN		0-82
	CONSTANC			> 123			ST., BALTIMORE		
30 B	BURIAL, CREMATION, I		Nov 22		ame of C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN HOWARD		

Harry H Witzke 4112 Columbia Road Ellicott Ctynnv

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

etained by the haspital or attending physician.

United Death St. Co. 1. Co. 1.

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STATE OF MARYLAND **CERTIFICATE OF DEATH**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE REGISTRAR REG NO MIDDLE 1. DECEASED NAME 20 DATE OF DEATH MONTH FIRST YEAR 26 HOUR TYPE OR PRINTI More Harbold 11/12/82 9:00 am Laura IF UNDER 1 YEAR 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH VEAR DAY MONTHS DAYS HOURS An Ib.I female cau 29 1894 88 BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED 1+0W42D COUNTY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IO. CITY OF TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Columbia, Md. 6/25 SEBRING HOUSEW, FE HongE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13g STATE 1136 COUNTY 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES 1 NO (0125 SEBRING. HOW/120 COLUMBIA 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE E. Hanbold Columbia, ma 216 10 MAS to WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOPUL MONANY IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which CONGESTIVE FALLURE WEEK mILD gave rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION PARKINSON DISENSE. 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an abave (i) we) (did) (did not) view the body ofter death. and that in my aur) apinian death occurred an the date and haur and fram the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OR PRINT 22e ADDRESS Evelyn D. Jackson, M.D. 5540 Ten Oaks Rd. Clarksville. Md 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY ST 2E1 029 BURIA WoodsTown 24. FUNERAL DIRECTOR

BP DHMH - 16 50M 7/77 (VRA 15(4))

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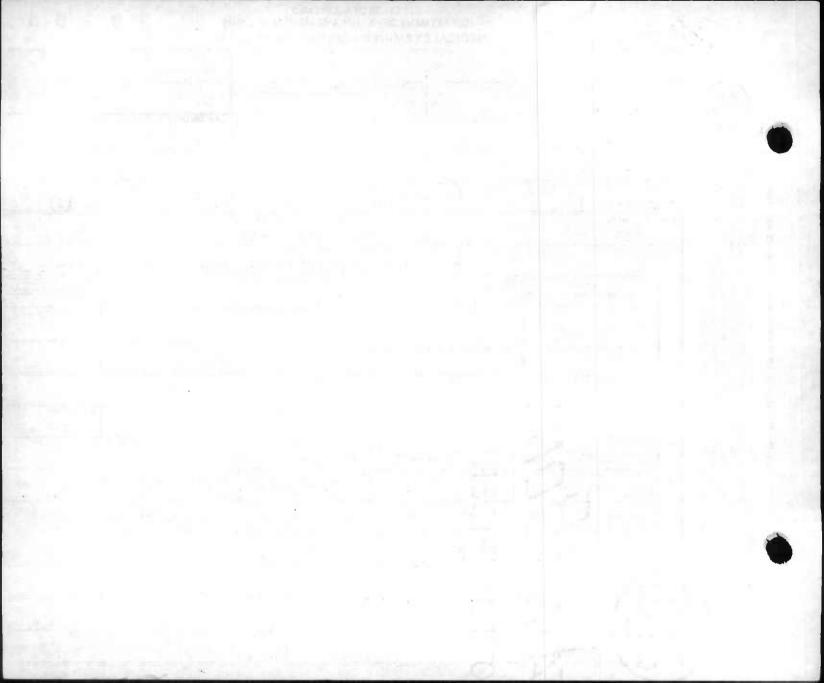
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certificate be executed within 24 hours after death Page 4 may be

requires that the deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYGI	IENE 8 2	2	9 5	0 9
I. DE	CEASED NAME	FIRST St	even "	AIDDLE E.	L	AST Jackson	20 DATE OF DEATH		29 YE 82	2b. HOUR
(TYPE	S (OR PRINT)	teven		E	. (AC	CKSON	Nov.	29	1982	657 M
3 SE	×	4 F	ACE		S. DATE C		6 AGE (IN YEARS LAST E		UNDER YEAR	IF UNDER 24 HRS.
	M ale		White		05	DAY YEAR 27	55	YRS	NIHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FO	REIGN 75	CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	Texas		U.S. A	A	WIDOWE		Howa	and Cou	my	MD.
10 C	ITY OR TOWN OF DEA		NAME OF H	OSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND O	F BUSINESS OR
C	olumbia	1	loward	County (Genera	l Hospital	Ret. Chie	of Pty.0	fc.	Navy
JSU, 3a S	AL RESIDENCE (IF NURSI	NG HOME OR OTH 13b COUNTY Howal	7.00	GIVE RESIDENCE BEFOR	VN	13d INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRES 6771 Pyra	s amid Way	2	21044
14. FA	THER'S NAME	MIDD		LAST		15. MOTHER'S MAIDEN NAM	WE		145	
	Stephen	F		Jacks	on	Essie	WIDDLE		Sessi	ons
	VAS DECEASED EVER I	N U.S. ARMEL		166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADD	RESS		- A
	Yes	ШШ 2	(On DAILS)	463-32-	9681	Mrs. Daisy E	. Jackson	Same	As #	13
	18 CAUSE OF DEATH PART I. DEATH WA	Enter only on AS CAUSED 8' IMMEDIATE C		line for 101, (b) or Cau	rdia	c arrest				mate interval onset and death 2 HCS
	Conditions, if ony, gove rise to imm couse (0), stating underlying couse	ediote g the lost.	(b) DUE TO, OR (c)	AS A CONSEQUENCE AS A CONSEQUENCE HIT DE	e M ence of eyos	lyocandial elevotic Ca	Infanchi rdwase	ulas Dio	8 4	days
TION			SATT			*		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TIFICA	NONE	ION	196 CONDI	JION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	ZOB. IF YES, V IN CERTIFYII	WERE FINDIN NG CAUSES	OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b. TIME OF HOUR A.A	M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN	IJURY IN ITEM 18, PART	T 1 OR PART 2)	
MEDIC	21d INJURY OCCURR	ED	21e PLACE C			2)1 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22a.1 certify that (1) sow the decease obove (1) we) (d)				32, on	d that in (my (our) opinion d	death occurred on the	9, 19 dote and hour a		
	22d. PHYSICIAN'S NA	ME (TYPE OR PRI	30	Zrires		M.D ATTENDING PHYSICIAN D	DIRECTOR PHYS	AFF SICIAN []	11- Z	7.82 Fixe
	WILLIAI	nt	PARN	ES	V.	Colum		nd.	2104	4
23a. 8	BURIAL, CREMATION, F	REMOVAL 2	3b. DATE			EMETERY OR CREMATORY	23d. LOCATION	cc	YTNUC	STATE
	Burial		12/4/	82 M	t. Aut	ourn Cemetery	Dunbar		Per	nsylvania
24. Ft	INERAL DIRECTOR NAME LOTOY 155 Twin Kn	M. & Ri	ussell bad, C	C. Additz	ke Fur Md. 2	Peral Homes DF	C 1 - 1982	AR 25b. BY ISTRA	R'S SIGNAT	shiel .

DEC 1 - 1982

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DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling in by the should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene priar to burial, cremotian, ar removal.

IMPORTANT: If Item 21 is morked ar Item 18 shows ony injury, or ather troumotic event, the medical

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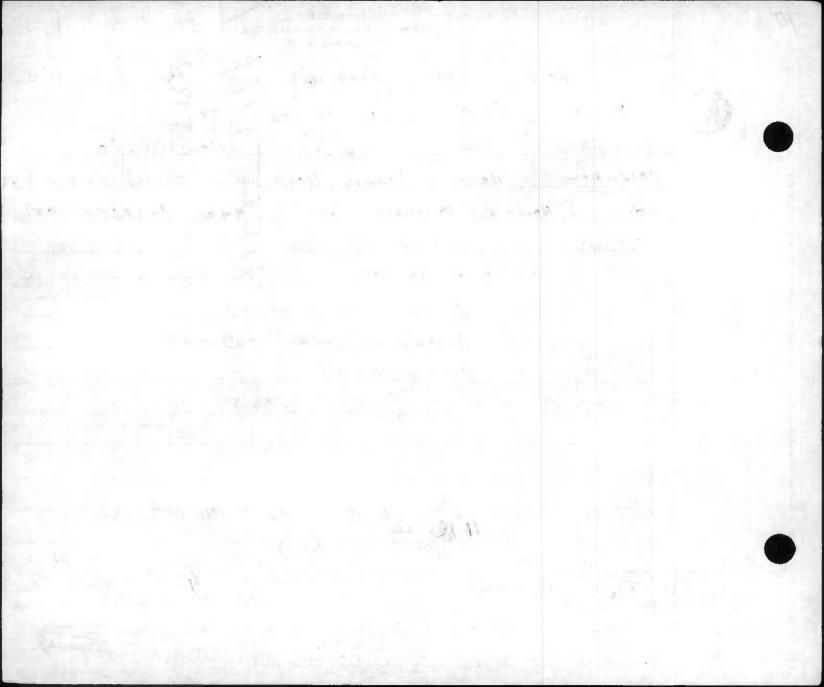
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DHMH - 16 50M 1/81 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	
TO FUNERAL DIRECTOR, after this certificate has been signed by the attending provident and cample by falled in by the funeral data pour should be detached for use as the buriol-transit permit. Then please remove corbon papers. Faces, and 2, hould be then the after 72 certification with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or entering	
IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather traumatic event, the medical examines through practical at one with	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR			DEPART		CATE OF D		SIENE &	REG. NO	d.	. 9	5		U
H		CEASED NAME E OR PRINT)	Rose		NMN	Ko	bern	ck	2a. DATE C		MONTH	/3	20 1100K		15.
	3 SE:	Fenal	e	RACE Cau	C.C.,	5. DATE OF	BIRTH DAY	VEAR		YEARS LAST BIRT	YRS	MQN1H5	R 1 YEAR DAYS	# UNDER ?	74 HRS MIN.
5	1	Pennsylv	ania	US	SA	WIDOWED		ORCED	1	towa	uel	. 0	2		MD.
1	(Pelumbi	a	HO C	HOSPITAL, NURSI H FACILITY, GIVE STREE LUCY d		ty H		TYPE OF WOR	OCCUPATION	on Working (Ret	LIFE) IND	USTRY	St.	Govi
5	130 5	AL RESIDENCE (IF NUI STATE Md.	136 COUNT	vael	13c. CITY OR TOV		LE	NO 🗆	13e. STREET 94		CAT	FE	eT	C	Τ,
Ó		Samue 1		DDLE CORCESS	Markov 166. SOCIAL SEC		15. MOTHER'S Le	na na	ME	MIDDLE	cc	Ka	nof:	sky	
1		YES, NO RUNKNOWNI		WAR OR DATES)	22642				9465 C			, Co	lumb	ia,	Md.
	Z	PART 2 OTHER SIG	y, which imediate ing the e last.	DUE TO, OF	RAS A CONSEQUE CONGE RAS A CONSEQUE CARDIOI	DEATH BUT N	9714.	ART	INAL DISEAS			IVEN IN F	PART 110		
2	CERTIFICATION	19g DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH		WE TO		20a AUTO	OPSY?	IN CERT	ES, WERE	FINDING	GS USED OF DEATH	1?
7	MEDICAL CER	21a, ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED 21d, INJURY OCCUP	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH D M.	OAY YEAR	214. HOW INJ			4			PART 2)		
	ME	WHILE NOT W	ORK -	(AT HOME, STR	EET, FACTORY, OFFICE.	FARM ETC)	STREET	91		CITY OR TOV	UN STY	. 19	UNTY	ST	ATE
		22a I certify that (I saw the decea abave, (I) (wer 22b. SIGNATURE	sed alive an		19 2	82_, onc	I that in (my) (our) opinion of	. 10		te and ho	our and fr			ted
		22d. PHYSICIAN'S N		AMEOD AMEOD)			TENDING HYSICIAN E	MEDICAL DIRECTOR	PHYSICI	D/	ca	Nor	13	12 K
_	23a. B	BURIAL, CREMATION		23b. DATE	73τ		METERY OR CI		23d LOC		do	707			
		Burial UNERAL DIRECTOR		11-14		King Dackville	avid Me		den I	Falls					-
	Da	nzansky-G	oldberg	chape	ADDRESS		,	110		1982	100	md	H. COO	~~~	



ST	ATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MEN		ENE 8 2	2 No.	9 3	
	CEASED NAME	2 FIRST		MN)	2.	AST	1	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
3 SEX		ETE	14 RACE	11,114)	S. DATE C	STAUTAS		6 AGE (IN YEARS LAST	1/-//	IF UNDER 1 YEAR	IF UNDER 24 HRS
3 SE	Male		White		NOV	DAY	YEAR 891	91	YRS	ONTHS DAYS	HOURS MIN
C	RTHPLACE (STATE OR FOUNTRY) Greece	OREIGN	U.S.	A .	MARRIEI WIDOWE	D NEVER MAR		9 BALTIMORE CITY Howard	_	OF DEATH	MD.
10 CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITU		120 USUAL OCCUPA			BUSINESS OR
C	olumbia		Howard	Co. Gen	eral	Hospit	al	Restaur	ant-01	perator	c
Mo	AL RESIDENCE (IF NUR STATE d.21797	MAR COU	r other institution NTY roll	GIVE RESIDENCE BEFORE	ADMISSION) N L			13° STREEL ADDRES HO	ods M	ill Rd	
14. FA	George		MIDDLE	Konstänt	as	IS MOTHER'S MA		Unknown		LAST	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		RMED FORCES?	213-07-		George	E. :	Konstant	as, Woo	ods Mi odbine	Il Rd. , Md.
	18 CAUSE OF DEAT PART I DEATH W	VAS CAUSI	nly one couse per ED BY: TE CAUSE (0)	77	RAT	on Fa	Lilus	2		BETWEEN OF	MATE INTERVAL NSET AND DEATH
	Conditions, if any	, which	DUE TO, O	RAS A CONSEQUE	NCE OF	. V. A .		- 1 -		Day	5
	gove rise to im- couse 101, statu underlying couse	ng the	DUE TO, O	r as a conseque	NCE OF						
N N	PART 2. OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO		NAL DISEASE OR CO	ONDITION GIV	EN IN PART 10	05
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM		200 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES C	GS USED OF DEATH? NO
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUPER	216. TIME C		Y YEAR	21c HOW INJUR	RY OCCURRI	ED (ENTER NATURE OF IN	NJURY IN ITEM 18, P.	ART 1 OR PART 2)	
MEDICAL	21d INJURY OCCU	mus [7]	TI PLACE	OF INJURY MET, PACTORY, OFFICE, F	alm, ETC.)	211 LOCATION STREET	0	CITY OR	TOWN	COUNTY	STATE
	220.1 certify that (1) saw the decease above (1) (we) (ed olive or	ital) attended th	19	200	ad that in (my) (au	r) opinion d	eoth occurred on the	e date and hour		hot (I) (we) last ouses stated
	22b. SIGNATURE	I	Levi	_e		DEGREE ATTE	NDING SICIAN	MEDICAL S	TAFF SICIAN []	IN CONTES	18 -
	22d. PHYSICIAN'S N	AME (TYPE	DR PRINT)	2		10 80 2	L H	ckory	2, due	BV m	Gentin
230 E	BURIAL, CREMATION, SPECIFY Buri		23b. DATE 11-15	-1982 13c. N		emétéry or cre owridge	MATORY	23d. LOCATON	Balt	imore	Mď
Ch.	uneral director	Burr	rier,Jr	.,Sykes	ville	e,Md.	NO V	151982	AR 26 REGIST	RAR'S IG 31	Buch

W.Burrier, Jr., Sykesville, Md.

DHMH - 16 60M 1/75 (VRA 15(4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

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Tren barran		.1.3		honer.
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n to the second tells		enter one	Co-rect 1	6.
		House and		ASSESSED
AND THE RESERVE TO SERVE THE PROPERTY OF	. Separation	1.50-15		
		4-1-4-		
		Towns.		

nding physician and campletely filled in by the corbanpopers. Pages 1 and 2 should be filed wi

attending physician

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physician

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

(3)	63	13	0	1.00	2	- 0
)	Con	2	7	3	-1-	- 6

1. DECEASED NAME FIRST	WIDDLE	i	AST		20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
(TYPE OR PRINT) Ernasti	ne V.	Le	ера		11 24	83 10:20 M
Page 1	4. RACE	5 DATE C	F BIRTH			DER 1 YEAR IF UNDER 24 HRS
Female	Caucasian	11	15	1890	92 YRS. MONTHS	S DAYS HOURS MIN
To. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER M.	A BRIED	9 BALTIMORE CITY OR COUNTY OF DE	EATH
Latvia	U.S.A.	WIDOWE		ORCED	Howard County	MD.
TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C			120 USUAL OCCUPATION 126	KIND OF BUSINESS OR
Columbia	Lorien Nurs			1453	Owner E	lectric Co.
USUAL RESIDENCE (IF NURSING HOME OR 13a. STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CIT	V I IAAITCO		
Maryland How		ott City		NO X	3518 Belfont Dr.	21043
14. FATHER'S NAME			15. MOTHER'S		ME	
Carl	MIDDLE LAS Fri	cberg		ristin	e Ka	rlsberg
160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMAN		ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	6-8776	Robert	F. Le	epa 3518 Belfont D	r. 21043
18 CAUSE OF DEATH (Enter on	ly one couse per line lo	eneles	-			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSEI	D BY. TE CAUSE (a)	susab	7 ans	st		
4100	DUE TO, OR AS A CONS	SEQUENCE OF		0		Mindrate !
Conditions, if any, which	(b)	Charles	Mul	the	Jurelin	
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	COLLENCE OF		/		
underlying couse lost	DOE TO, OR AS A CONS	SEQUENCE OF				
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED 1	O THE TERM	INAL DISEASE OR CONDITION GIVEN IN	PART 1(a)
o Cremer B	men Search	ines	Cinin	11.	Seising Dison	der
NO LAST OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFOR	MED /	200 ANTOPSY? 206 IF YES, WER IN CERTIFYING YES NO YES	RE FINDINGS USED CAUSES OF DEATH? NO
21a ACCIDENT WAS UNDERLYING			21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OF	R PART 2)
OR CONTRIBUTING CAUSE OF DEA	ALIN .	H DAY YEAR				
(IF EITHER, NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY		211. LOCATION	4		
WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET		CITY OR TOWN CO	DUNTY STATE
22a I certify that (I) (this hospit	tal) attended the deceased I	rom Tu	4	19 8	1 10 How 24 19	FZ that (1) (we) last
sow the deceased alive on		1	that in (my) (our) opinion o	death occurred on the date and hour and	
22b. SIGNATURE	t) view the body ofter death		DEGREE		2	2c. DATE SIGNED
The state of the s	· · ·			TENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	11-74-6
22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	2284	22e. ADDRESS	HYSICIAN L	PURECION PHISICIAN	1 4706
LAUNOU	ce su	INK	345	5 ST	JOHN'S LA, EZLIC	COTTCIM
23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C			23d. LOCATION	TY STATE
Burial	11-27-82	Fairmou	nt Ceme	tery	Phillipsburg Warr	en N.J.
24 FUNERAL DIRECTOR	AOORE	SS	21229	25a. DATE	E REC'D. BY REGISTRAR 236 PEGISTRAR'S	SIGNATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

pose to the adverse bacon a state of the early ATT AND RESERVED OF STREET OF STREET

death. Page 4 may be

executed within 24 haurs after

death certificate

PHYSICIAN: The law attending physician.

TO HOSPITAL OR ATTENDING retained by the haspital ar

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6	9		
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1	REGISTRAR		CERTIF	ICATE OF DEA	ATH	REG. NO).		
	1. DECEASED NAME FIRST	MIDDLE	L	AST	T			AY YEAR	2b HOUR
	(TYPE OR PRINT) ERIKA	4.	Rii	SMAND	EL	11-2	8-8:	2	10,05 an
	Female Female	Caucasion	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) ESTONIO 10 CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTY U.S.A.	MARRIE	D NEVER MAI	RRIED -	HOWARD	COUNTY	nty	MD
1	Columbia	HOWARD CO	ountu G	eneral		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			F BUSINESS OR
3	130. STATE 13b. COUN	NOTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF WARD Ellicoth	RTOWN	13d. INSIDE CITY YES \(\begin{array}{c} \mathbb{N} \\ \mathbb{N} \end{array} \] 15 MOTHER'S M			vece !	Driv	Έ.
G	late Carl August	Jurman LAS	ST	E IDS	Marie	Rapp		LAS	ī
	160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV		SECURITY NO.	Mr. And	s Rii	addre smandel 342		rce Dr	ive 2104
	Conditions, if ony, which gave rise to immediate cause ior, stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS	static br SEQUENCE OF	east Ca		nal disease or cont	DITION GIVE	N IN PART 10	3
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	19	216 HOW INJUI	RY OCCURRE	D (ENTER NATURE OF INJUR		COUNTY	STATE
	220.1 certify that (1) (this haspi			,	19r) opinion de	, to			that (I) (we) last
	774 SIGNATURE	MD/			NDING SICIAN [MEDICAL STAF		220. DATE	SIGNED
	236 BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CRE W Memori	matory al Pk	23d LOCATION Caronsvil	Le, Ba	148, M	arylähd

BP. DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directionable detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 houwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event, the medical exam

24 FUNERAL DIRECTOR Harry H Witzke 4112 ColumbiaRd EllicottCity

Caronsville, Balto, Maryland 250 DATE REC'D. BY REGISTRAND REGISTRAND SIGNALURE

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STATE OF MARYLAND

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FOR STATE REGISTRAR		DEP	ARTMENT OF HEALTH AND MI CERTIFICATE OF DE	
DECEASED NAME	FIRST	MIDDLE	LAST	20 D

REGISTRAR		CERTIFICATE OF DEATH	REG. NO		- 1
CEASED NAME FIRST	MIDDLE	Pah te	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
emale	Black	6 4 04	78 YRS		MIN MIN
RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED ENEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH	

V 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE, Housewife INDUSTRY USUAL RESIDENCE (IF NU 130 STATE Maryland Howard Columbia 136. STREET ADDRESS
10671 Greenmount Circle YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Andrew Everette Not Stated

60 WAS DECEASED EVER IN U.S. ARMED FORCES	166 SOCIAL SECURITY NO.	17 INFORMANT	Mary State	ADDRESS	Washing	ton.	D
(YES, MO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	Not Stated	Herbert 0.	Roberts	Jr., S	on, 339	N St	, S
						ON NOT THE REAL PROPERTY.	10 A II

NO	Not Stated	nerpert U.	noberts Jr.,	50n, 339 N	St., S.
gave rise to immediate cause (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF	pertens	i'm, esse	ill	NAMATE INTERVAL
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
OR CONTRIBUTING CAUSE OF DEATH	21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21a, HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
220.1 certify that (I) (this haspital) saw the deceased alive an above (I) (we) (did) (d.d. and	10 19 82 an	d that in (my) (our) opinion	, ,	ote and hour and fram th	

226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL Cremation 23b. DATE 15 Nov 82

Washington, D. C.

24 FUNERAL DIRECTOR

I. DEC

Lee's Crematory W. 11132 You St., Naw PATE REC'D. W. ERNEST JARVIS CO., INC., Washington, D. C.

BP.

retained by the hospital or O FUNERAL DIRECTOR.

DHMH - 16 60M 1/75 (VR A 15 (4))

should be detoched for use as the burial-transit with the State Dept. of Health and Mental Hygi

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MPORTANT: If hem 21 is

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T., Sen, 333 K St.,					

DHMH-17 (VR A15 ME (5))

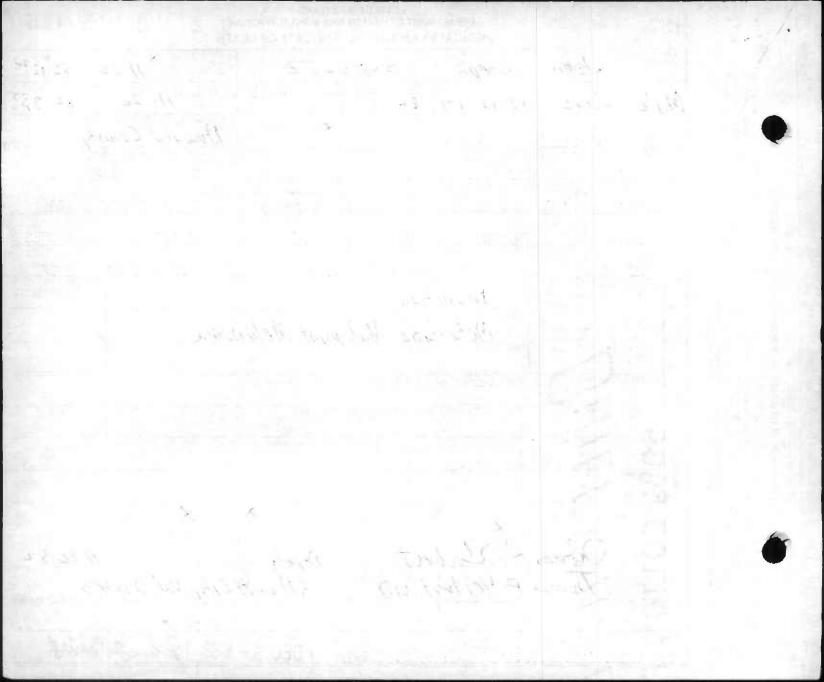
15M 7/77

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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G. N	10.			ž

	F	REGISTRAR		WED	ICAL EXAMI	MEK.2 C	EKITFIC	AIEC	OF DEATE	1 RE	EG. NO.			2
		CEASED NAME OR PRINT)	Jahn	been	MIDDLE	SCH	LAST	-2		OF ESTI	1-	MONTH D	DAY YEAR	26. HOUR
	3. SEX	- 10	RACE	5. DATE OF BIRTH	6. AGE (IN)					DEATH MATE	/	MONTH D	19 52	12 %
	Me	ne (Cauc	12-12 -	17 64	DAY) MONTE		HOURS HOURS		DATE DOUNCED DEAD	11-	26	1982	2d HOUR 2 3 5
1	FOR	THPLACE (STATE		76. CITIZEN OF WHA		8. MARRI	ED ANEV	ER MARR	IED 7. B	ALTIMORE	ITY OR	COUNTY		
		SHINGTON		u.s		WIDOW		DIVORC		10009	10	C0411	174	MD
7		Y OR TOWN O	F DEATH		ITAL, NURSING HOA		ER INSTITUT	ION		OCCUPATION OF WORKING LIF	FE)		OR INDUST	SINESS
4	USUA	LUMBIA	IN NULL ING HOME OF	6503 LACE	RESIDENCE BEFORE ADMIS					C &	PTE	ELERHO	ONE CO.	
5	13a. ST		1 %. COUNT		13c. CITY OR TOWN		13d. INSIDE (II YES 💢 🗶		13e. STREET		RAY I	DRIVE	2091()
1	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHE	R'S MAIDI	EN NAME	WIDDLE			LAST	
1		JOHN		JOSEPH	MUI		-	ARY			ZABET	ГН	HUC	SHES
2	160, W	AS DECEASED I S, NO, OR UNKNOW	EVER IN U.S. ARM	ED FORCES? /AR OR DATES)	166. SOCIAL SECUR	ITY NO.	17. INFORM	TANT		ADI	DRESS			
		NO			578-10	-4757	JANE	М.	SCHULT Z	! SA	ME A	AS 13		LFE
		18 CAUSE OF	DEATH (Enter only TH WAS CAUSED	one cause per line for BY:	e man da france								APPROXIMATE BETWEEN ONSET	
		172	9 IMMEDIATE	CAUSE (UI	ANITION AS A CONSEQUENCE	. 0.5	_							
		Canditions	, if ony, which	Ma Ma	La La A	11.1	2 < 10 0 0	1 M.	Mano	Ma a				
		Canditions, if ony, which gove rise to immediate cause (o) stating the under-												
		lying couse	last.	(c)	O A CONSEQUENCE	. 01								
		PART 2 DTHER SIGN	IFICANT CONDITIONS C	177	IT NOT RELATED TO THE TEL	RMINAL DISEASE	OR CONDITION	GIVEN IN PA	RT 1 (a).					
	ON													
1	CAT	190. DATE OF C	PERATION	196 CONDITIO	ON FOR WHICH OPE	ERATION W	AS PERFOR!	MED?				2	O. AUTOPSY?	
	T.F.												YES 🗌	NO 🗌
3	MEDICAL CERTIFICATION	210 EXTERNAL UNDERLYING		21b. TIME OF I HOUR A.M.	INJURY MONTH DAY YEA	AR 21c. HC	YAULMI WC	OCCURRE	D (ENTER NATU	RE OF INJURY IN I	ITEM 18 PAR	et 1 OR PART 2)		
	ICA	CONTRIBUTING	G CAUSE OF D		19							-		
	MED	21d, INJURY OC WHILE	CURRED NOT WHILE		FINJURY (ATHOME, DRY, FARM, ETC.)		CATION		CIT	TY OR TOWN		COUNTY	,	STATE
	101	WHILE AT WORK	AT WORK											
		22a. I certify	that I took charge	of the remains descr	ribed obove, held an	Autops	у 🔲 .	Inspectio	n 🗷 Ir	nquiry 💢	ond i	in my opinio	on	
5		deoth resulted	from: Nature	ol causes	Accident	Svicide	, Homici	de L	Undetermi	ined monner	<u>□</u> .			
		ACTUAL	Van 4	431	. Lust		TITLE	PECIFY)				DATE	11.71	57
7		SIGNATURE	- Top man	7 / 11	niens	M.	D	and 1	MEDICAL	LEXAMINER		SIGNED	11 40	,
		EXAMINER'S N. (TYPE OR PRINT	AME home	5 F. Hel	rbert, M	1	ADDRESS_	This	OHL	in M	led;	2/04	13	
-	23a. BU (SF	IRIAL, CREMATK	ON,REMOVAL 23	b. DATE	23c. NAME OF C	EMETERY O	RCREMATO	RY	23d. LOCAT	NON		COUNTY	ST	ATE
	24 511	BURTA INERAL DIRECTO		11/30/82	GATE O	F HFA		E- DATE	STLVI				ONT	MD.
		NAME	FRANCIS					DE D	REC'D. BY REC	199	Zegisti	RAR'S SIGN	Aleel	2
	51	OO UNIV.	BLVD. W.	SILVER S	SPRING.MD.	2090		ULU	0 - 13	100	o un	~~		



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather traumatic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF		ENE 8 2	Za '	1 5	10
	DECEASED NAME FIRST	MIDDLE	LAST			AONTH DAY	YEAR	2b. HOUR
1	(TYPE OR PRINT) Margaret	Dorothy	Sosslau		1000	11 16	82	7 300
13	3. SEX	14 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH	IDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
L	female	white	Mar. 29		75	MONTH	S DAYS	HOURS MIN
17	76. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8		9. BALTIMORE CITY OF	YRS.	DEATH	
1	COUNTRY)		MARRIED A NEVE	R MARRIED L	Howard Co			100
1	N.Y.	U.S.A.		DIVORCED	120 USUAL OCCUPATION		h KIND O	F BUSINESS OR
		' (IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	DUSTRY	
	USUAL RESIDENCE (IF NURSING HOME)	2932 Rogers Ave		3)	Sec.	15	0.00.	School
	13a STATE 13b. COL	JNTY 13c. CITY OR TO	WN 13d. INSIDE		13e. STREET ADDRESS		10701	2)
	Maryland How	ard Ellicoti	City YES	NO T	2932 Roger	s Ave.	(2104	3)
	FIRST	MIDDLE LAST	13 MOTHE	FIRST	MIDDLE		I AS1	
4	Bernard	Strehla			nknown			
1	168 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC				ģers Av		
L	no	110 03	2488 Murry	D. Soss	lau Ellicot	t City,		
Г	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), o	nd (c)				BETWEEN	MATE INTERVAL
L	PART I. DEATH WAS CAUS	ATE CAUSE (b) KEOP	inatory /	17207			340	NEW
I	4960	DUE TO, OR AS A CONSECU	JENCE OF	2.	Λ.	11 3300		
	Conditions, if any, which	(b) Chrowic	Obstudio	de tala	SCI PMUD.	360	9	243
	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQ					48	ors
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			NAL DISEASE OR COND	ITION GIVEN II	V PART 1(a	
- 1								13
								13
-		196 CONDITION FOR WHIC	H OPERATION WAS PERI	FORMED	70a AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
-		196 CONDITION FOR WHIC	H OPERATION WAS PERI	FORMED	20a AUTOPSY?	IN CERTIFYING	RE FINDIN	GS USED OF DEATH?
		216. TIME OF INJURY	21c HOW			IN CERTIFYING	RE FINDING CAUSES	IGS USED
	190. DATE OF OPERATION 2)6. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c HOW		200 AUTOPSY? YES NO	IN CERTIFYING	RE FINDING CAUSES	GS USED OF DEATH?
	190. DATE OF OPERATION 2)6. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	INJURY OCCURRE	200 AUTOPSY? YES NO	IN CERTIFYING	RE FINDING CAUSES	GS USED OF DEATH?
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED CAUSE OF DETERMIN	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 216 HOW	INJURY OCCURRE	200 AUTOPSY? YES NO	IN CERTIFY INC YES YES YES YES YES YES YES YES	RE FINDING CAUSES	GS USED OF DEATH?
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	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED CAUSE OF DETERMIN	T1b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211. LOCA STREE	INJURY OCCURRE	200 AUTOPSY? YES NO CITY OR TOW	IN CERTIFYING YES VIN ITEM 18, PART 1 (RE FINDING CAUSES DR PART 2) OUNTY	IGS USED OF DEATH? NO STATE
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	196. DATE OF OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOW WHILE AT WORK NOW WHILE 27e. I certify that (I) (this has, sow the deceased alive or above, (I) (we) (did) (did of the composite of the comp	21b. TIME OF INJURY HOUR A.M. MONTH R) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE pital) attended the deceased from 10 OR PRINT) OR PRINT) 12 23b. DATE 23c.	DAY YEAR 19 211. LOCA STREE DEGREE 220. ADDR	TION ET	YES NO CITY OR TOWN NEDICAL STAF DIRECTOR PHYSIC 234. LOCATION Catonsvill	IN CERTIFYING YES IN ITEM 18, PART 1 of N Country The and hour one FAN Country Country	RE FINDING CAUSES OR PART 2) OUNTY Self-remains a s	STATE STATE STATE STATE STATE STATE
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
ı		EASED NAME OR PRINT)	FIRST		MIDDLE	/	AST	2a. DATE OF	DEATH MONTH	DAY	YEAR 32	2b HOU	0
ı			INHIL		J .		WART	25	ARS LAST BIRTHDAY)		ERIYEAR	IF UNDER	P M
ı	3. SEX		4	RACE		5. DATE C		AGE (INTE	ARS LAST BIRTHDAY)	MONTHS		HOURS	MIN
ı	F	emale		Caus	51	09	09 00			RS.			
-		THPLACE (STATE OR FO	REIGN 76	CITIZEN OF		TRY? 8	NEVER MARRIED	9. BALTIMO	RE CITY OR COU	NTY OF DE	ATH		
1		Kentucky		U.S.A	1.	WIDOWE	A **	<i> </i>	Towar	d	250		MD
1		Y OR TOWN OF DEA	TH 1		HOSPITAL, NI TH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL C HYPE OF WORK Retire	FOR MOST OF WORKE	NG LIFE) INC	KIND O	F BUSINE	ESS OR
		L RESIDENCE (IF NURSI	NO HOUS OR O	10wa	CHIE DESIDENCE	Junty C	Jeneral Hos	1	2-1-1-1				
2	13a S1	ryland	Howa 1	Υ _	Colum	TOWN	134 INSIDE CITY LIMITS? YES NO	13e. STREET 4	Basket F	Ring R	ED .		
٦	14. FA1	THER'S NAME					15. MOTHER'S MAIDEN NA	AME	MIDDLE	1,558	LAST	T	
7		late	All	DDLE	Gillis	pie	late		MIDDLE		[A3		
		AS DECEASED EVER				SECURITY NO.	17 INFORMANT		ADDRESS		21	207	
	(YE	NO OR UNKNOWN)	(IF YES, GIVE W	(AR OR DATES)			Mr. Matt Ste	ewart :	3635 Hil	mar Ro	1 Ba	lto.	Md.
į	-										APPROXI	MATE INTE	RVAL
1		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	BY:	PPE	The state of the s	HEMBER	HAG	=		SET WEEK (VINDE I AIND	PERIII
		1010	IMMEDIATE	CAUSE (0)	OFFE	0 1	771277					-	
		1560		DUE TO, O	RASACONS	SEQUENCE OF	C GALLBLAD	- A	DENOCAL	ALNON E			
		Conditions, if any,		(b)_	1/2/1	ASTATI	COMPLETE	DER 11	DERUCTURE				
		cause (a), statin	g the	DUE TO, O	RAS A CONS	SEQUENCE OF		D					
		underlying cause		(c)	PEP.)LCER ()ISE A					
	- 1	PART 2. OTHER SIGN	IFICANT CO	NDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER		OR CONDITION	GIVEN IN	PART 110	01	
	CERTIFICATION	METASTA	-515	70	LIV		AND BO	-					
2	CA	198 DATE OF OPERAL	JON	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a. AUTC		F YES, WER ERTIFYING			
	1	Ne/	4			NA		YES 🗌	NOM	YES 🗌	14/1	NO [
Ī	Ü	210. ACCIDENT WAS UND		HOUR A		H DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NA	TURE OF INJURY IN ITE	w 18, PART 1 OF	(PART 2)		
	14	OR CONTRIBUTING C			M. 4/1	7 19		IA					
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	co	UNTY	S	STATE
	2	WHILE NOT WE AT WO	TILE RK	(AT HOME, ST	N	4	IN/A	- 1	1. 11				
		22a.l certify that (I)	(this hospito	l) attended th	ne deceased f	rom JUL	1 19	10 /V	00 11	. 19	85	that (1) ((we) lost
		sow the decease	d dive on_	1460	M	19 82 0	nd that in (my) (our) apinio	n death accurre	d on the date and	hour and	from the	couses st	toted
		obove, (I) (we) (c	(did not	view the boars	ofter death.		DEGREE	7		2.	n. DAJE	SIGNED	
		K	-	1 8	000	e. D	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		11/1	1/3:	2
_		22d. PHYSICIAN'S NA	ME (TYPE OR	PINT	7	,,,,	122e. ADDRESS 74 -	OKECION		145	14	+	
		1/	/	11			ELLICOT	- 1	TO DI	10	~ ~		
	1	KANDY			EFSE	T-20			7100	10			
	23a B	Burial Burial	REMOVAL	Nov 1	1182	Crestl	CEMETERY OR CREMATORY	23d. LOCA	TOWN HOT	ward	Men	ryla	nd.
		Durian		740 A T.	T Ofm	07 00 07	MA		2.01	10000	0 000	4	

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

ENDING PHYSICIAN: The lo

marked ar Item 18 shows any

MPORTANT: If Item 21 is

24 FUNERAL DIRECTOR
Harry H Wit DHMH - 16 50M 7/77 (VR A 15 (4))

H Witzke

4112 Columbia Rd Ellicott City

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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	1-	STATE REGISTRAR		DEFARTI		ICATE OF D	EATH	REG. NO	dise	* ****	
		CEASED NAME FIRST (MA)		Treulieb		neu L	iEB	20. DATE OF DEATH	HTMOM	9 - 82	26. HOUR 4
	3 SEX		4 RACE		5 DATE C			6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
١	F	emple	CAUCO	Limit	MONTH 5	12	YEAR 86	96	YRS	MONTHS DAYS	HOURS MIN
ij	CC	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	D NEVER A	ARRIED X	9 BALTIMORE CITY O	R COUNTY	OFDEATH	
1	Ma	ryland	U.S.		WIDOWE	D DI	ORCED	Howard	Cou	intr.	MD
1	Co	ty or town of DEATH	IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INST	ITUTION	120 USUAL OCCUPATION OF THE RECTIFE OF		k keeper	F BUSINESS OR
7		RESIDENCE (IF NURSING HOME TATE AND 13 HOW		GIVE RESIDENCE BEFOR 13c CITY OR TOW COLUMBI		13d INSIDE C	NO []	13. STREET ADDRESS 5490 Gree	n Dor	y Lane	
)	14 FA	THER'S NAME te FR'Peter Tr	eulieb	LAST			Tate M			LAS	T
	16a W	(IF YES, G	ARMED FORCES? IVE WAR OR OATES)	166 SOCIAL SECU	JRITY NO.	Mrs Ge	rtrude l	R Torbet 54		eenDory	Lane
		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OF	R AS A CONSEQUE	IN te	stinel		mrhage pectid		2	MATE INTERVAL DISSET AND DEATH OF GLOP LIVERS LIVE
	NO	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	nal disease or con	DITION GIV	EN IN PART 110	
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY? YES NO	IN CERTIF	S, WERE FINDIN FYING CAUSES	
1	_	210. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH	M. MONTH D.	AY YEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJUR	RY IN ITEM TB, F	PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATIO)N	CITY OR TOV	VΝ	COUNTY	STATE
		220.1 certify that (1) (the bas sow the deceased alive a above, (1) (we) (dight (did-		0.			(our) opinion d	eath occurred on the do	ote and hou	or and from the	
		The SIGNATURE CLA	du	Caul		mi)		MEDICAL STAT		22c. DATE	SIGNED
		Charles 6	(Zyl ov	_ ms		220 ADDRES	Promi B	nn Rd. Co	lum	bo mi	21044

retained by the hospital TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burial-tronsit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

OR ATTENDING PHYSICIAN: The law

IMPORTANT: If Item 21 is marked or Item 18 shows ony

74 FUNERAL DIRECTOR
Harry H Witzke \$112 ColumbiaRd EllicottCity DHMH - 16 60M 1/75 (VR A 15 (4))

23b. DATE Nov 10'82

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Westview Memmrial Pk 23d LOCATION CHORIONN CATONSVILLE Balto. Md. STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

THE STATE OF Manager Military 40 and the last see the first and A WING THE PARTY OF THE PARTY O

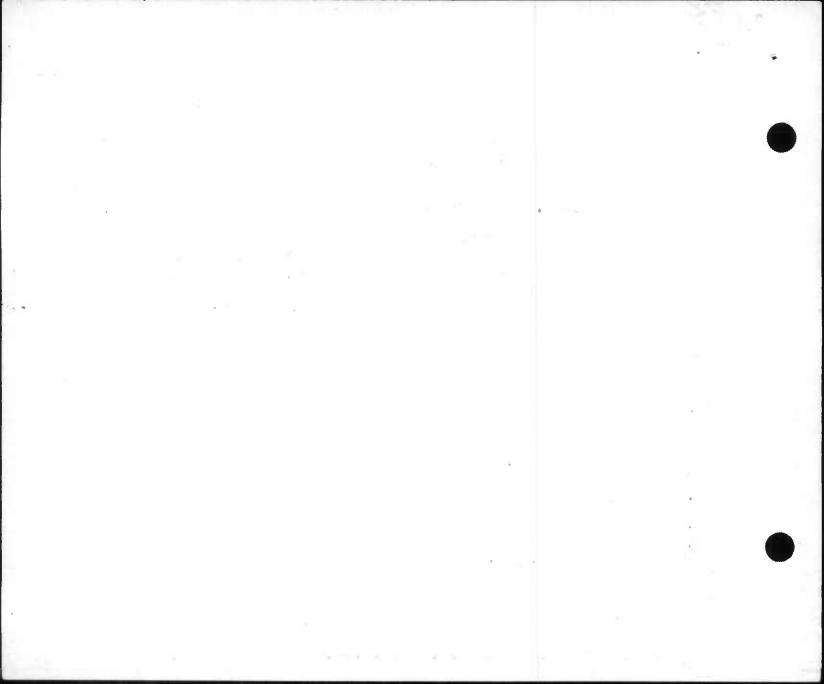
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2	2	9	5	1	9
CERTIFICATE OF DEATH		REG. NO.					

FOR C - STATE 0 REGISTRAR MIDDLE LAST L DECEASED NAME 2ª DATE OF DEATH MONTH 7h HOUR 0 (TYPE OR PRINT) d 2:38A 5 Emma 0 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 42 3. SEX MONTH دد YEAR M BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ohio WIDOWED DNORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 134 CITY OR TOWN 134 INSIDECITY LIMITS? 13ª STREETPADDRESS Mont. Bethesda 8119 Thoreau Drive YES IV Md 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE O'Bryan Curtis Mollv Same as above Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT Mary Lou Shuy (Daughter) None 94 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 0 Z DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF 0 underlying cause Q PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 0 CERTIFICATION 世 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I YES [NO 216. TIME OF INJURY AL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CHIC (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 딥 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. 10 82 , and that in (kny) Jour) apinion death accurred on the date and have and from the causes stated 国 22c. DATE SIGNED DEGREE 226 SIGNATURE ATTENDING MEDICAL STAFF 11-21-82 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 776-PHYSICIAN'S NAME (TYPE OF PRINT) hreiner MI 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Wellston, STATE Buria1 11/24/82 Ridgewood Cemetery 24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/78

TO2

Hines/Rinaldi 11800 N.H. Ave, S.S. Md.



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be litted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1-	STATE REGISTRAR				CERTIF	CATE OF DEATH	GIENE S & REG. N	10		
1. DEC	CEASED NAME	FIRST	,	AIDDLE	Li	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	OR PRINT)	Floren		Thomas		Williems	Novembe	r 10	. 1982	2 0
3. SEX	v	Floren	RACE	Therese	5. DATE O		6 AGE (IN YEARS LAST BIE		IF UNDER I YEAR	IF UNDER 24 H
3. SE /					MONTH	DAY YEAR	00		MONTHS DAYS	HOURS MI
-	Female		White		Octob	er 4, 1893	9 BALTIMORE CITY	YRS COUNT	Y OF DEATH	
.cc	RTHPLACE (STATE OR FO	OREIGN 7b.		WHAT COUNTRY	MARRIE	NEVER MARRIED				
	aryland		USA		WIDOWE		Howerd (OF BUSINESS
	TY OR TOWN OF DEA	ty 4	4012 M	HOSPITAL, NURSI H FACILITY, GIVE STREE BCALPING	et address) Court	R OTHER INSTITUTION	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEMAKE)	OF WORKING L	IFE) INDUSTRY	DE ROZINESS
13o. S	AL RESIDENCE (IF NURS STATE arvlend	136 COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFO	WN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 4012 Mac	Alpine	Court	21043
	THER'S NAME FIRST Petrick	MID	DLE	McNulty		15. MOTHER'S MAIDEN N			Hanly h	ST
16a. V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	llicott CTC	Md.	21043	
(1	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	213-10-	-26100	Mrs. Dolor		, ,	MacAlpi	ne Cor
	18 CAUSE OF DEAT	1				TILS. DOTOT	as r. Vinni	9012		ONSET AND DEA
	Canditions, if any gove rise to im- cause (a), statu- underlying couse	mediate ng the	(b)	R AS A CONSEQU	111	hor selec	to Cardis	Vora	10 sen	15 yrs
2	gove rise to im- cause (a), statis underlying couse	mediote ng the last.	(b) DUE TO, O	R AS A CONSEQU	UENCE OF	not related to the ter		Vor a	IVEN IN PART 1	15 yrs
NOIL	gove rise to im- cause (a), stati- underlying couse PART 2. OTHER SIG	mediote ng the e last. NIFICANT CO	DUE TO, O	R AS A CONSEQUE	UENCE OF	neglyeen	na	7/5		
ICATION	gove rise to im- cause (a), statis underlying couse	mediote ng the e last. NIFICANT CO	DUE TO, O	R AS A CONSEQUE	UENCE OF	Ca alea.	200 AUTOPSY?	20b. IF YI	ES, WERE FIND	INGS USED S OF DEATH?
RTIFICATION	gove rise to imicouse (a), statituderlying couse PART 2. OTHER SIG	mediate ng the e last. NIFICANT CO	DUE TO, O (c) INDITIONS CI	R AS A CONSEQUENT ON TRIBUTING TO	UENCE OF	hegy en N WAS PEBPORMED	200 AUTOPSY? YES NO	20b. IF YI	ES, WERE FIND IFYING CAUSE YES []	INGS USED
CERTIFICATION	gove rise to im- cause (a), statin underlying couse PART 2. OTHER SIG: 19a. DATE OF OPERA 21a. ACCIDENT WAS UN	mediate ng the ng the lost. NIFICANT CO	DUE TO, O (c) NDITIONS COND 196. COND	R AS A CONSEQUENT ON TRIBUTING TO	DEATH BUT	neglyeen	200 AUTOPSY? YES NO	20b. IF YI	ES, WERE FIND IFYING CAUSE YES []	INGS USED S OF DEATH?
4	gove rise to imicouse (a), statituderlying couse PART 2. OTHER SIG	mediate ng the last. NIFICANT CO	DUE TO, O (c) 19b, COND 21b, TIME C HOUR A	R AS A CONSEQUENT ON TRIBUTING TO	DEATH BUT	N WAS PERPORMED	200 AUTOPSY? YES NO	20b. IF YI	ES, WERE FIND IFYING CAUSE YES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to imicause (a), stating underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (FETTHER, NOTIFY MEDIC 216. INJURY OCCUR WHITE NOTIFY OCCUR	mediate nog intended in the post. NIFICANT CO NIFICANT	DUE TO, O OUE TO, O (c) 19b. COND 21b. TIME C HOUR A P 21e. PLACE	R AS A CONSEQUENT ON TRIBUTING TO	DEATH BUT	hegy en N WAS PERPORMED	200 AUTOPSY? YES NO	20b. IF YI IN CERT Y URY IN ITEM 18	ES, WERE FIND IFYING CAUSE YES []	INGS USED S OF DEATH?
4	gove rise to im cause (a), stating underlying cause PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC AT WORK NOTIFY MEDIC AT WAT WORK AT WITHER AT WAT WORK AT WAT WAT WAT WAT WAT WAT WAT WAT WAT	mediate nog the post. NIFICANT CO NIFICANT	DUE TO, O (c) 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	R AS A CONSEQUENT ON TRIBUTING TO	DEATH BUT CHOPERATO DAY YEAR 19 E, FARM, ETC.]	N WAS PERPORMED	200 AUTOPSY? YES NO	20b. IF YI IN CERT Y URY IN ITEM 18	ES, WERE FIND IFYING CAUSE YES	INGS USED S OF DEATH? NO
4	gove rise to improve the couse (a), stating underlying couse PART 2. OTHER SIGNATE OF OPERA 21a. ACCIDENT WAS UNDOR CONTRIBUTING (FEITHER, NOTIFY MEDIX AT WORK AT W	mediote ng the e lost. NIFICANT CO IDERLYING CAUSE OF DEATH CAL EXAMINER) RED WHILE CORE I this case of the c	DUE TO, O (c) INDITIONS CI 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	ONTRIBUTING TO	DEATH BUT THOPERATO DAY YEAR 19 E, FARM, ETC.	N WAS PERPORMED 21c. HOW INJURY OCCU 21f. LOCATION STREET	200 AUTOPSY? YES NO NO NOTE: CITY OF TO	20b. IF YIN CERT	ES, WERE FIND IFYING CAUSE YES	NGS USED S OF DEATH? NO STATE
4	gove rise to improve the decay of the decay	mediote ng the e lost. NIFICANT CO IDERLYING CAUSE OF DEATH CAL EXAMINER) RED WHILE CORE I this case of the c	DUE TO, O (c) INDITIONS CI 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	ONTRIBUTING TO	DEATH BUT TH'OPERATIO DAY YEAR 19 E, FARM, ETC. J	N WAS PERPORMED	200 AUTOPSY? YES NO NO NOTE: CITY OF TO	20b. IF YIN CERT	ES, WERE FIND IFYING CAUSE YES , PART 1 OR PART 2) COUNTY 19 Dur ond from the	NGS USED S OF DEATH? NO STATE
4	gove rise to improve the cause (a), stath underlying couse PART 2. OTHER SIGNATURE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (FETTHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK 22a.1 certify that (I sow the decess	mediote mg the policy like the	DUE TO, O (c) 196. COND 216. TIME C HOUR A P 216. PLACE (AT HOME, ST	ONTRIBUTING TO	DEATH BUT TH'OPERATIO DAY YEAR 19 E, FARM, ETC. J	21c. HOW INJURY OCCU 21f. LOCATION STREET 19 and that in (my) (and opinion DESTEE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO ORRED (ENTER NATURE OF INJ. CITY OR TO on deoth occurred on the	20b. IF YI IN CERT OWN	ES, WERE FIND IFYING CAUSE YES , PART 1 OR PART 2) COUNTY 19 Dur ond from the	STATE
4	gove rise to improve the decay of the decay	mediote mg the policy like the	DUE TO, O OCT INDITIONS CO 196. COND 216. TIME C HOUR A P 216. PLACE (AT HOME, ST View the bad, RINT)	ONTRIBUTING TO	DEATH BUT TH'OPERATIO DAY YEAR 19 E, FARM, ETC. J	21c. HOW INJURY OCCU 21f. LOCATION STREET 19 and that in (my) (and opinion) DESCRIPTION	200 AUTOPSY? YES NO ORRED (ENTER NATURE OF INJ CITY OR TO On deoth occurred on the MEDICAT ST OTRECTOR PHYS	20b. IF YI IN CERT OWN	ES, WERE FIND IFYING CAUSE YES , PART 1 OR PART 2) COUNTY 19 Dur ond from the	STATE
MEDICAL	gove rise to improve the cause (a), stath underlying couse PART 2. OTHER SIGNATURE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (FETTHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK 22a.1 certify that (I sow the decess	mediate mg the post. NIFICANT CO NIFICANT	DUE TO, O (c) 196. COND 216. TIME C HOUR A P 216. PLACE (AT HOME, ST	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH OF INJURY REET, FACTORY, OFFICE 19 offer death.	DEATH BUT CHOPERATO DAY YEAR 19 E, FARM, ETC.]	21c. HOW INJURY OCCU 21f. LOCATION STREET 19 and that in (my) (and opinion DESTEE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAT ST MEDICAT ST MEDICAT PHYS	20b. IF YI IN CERT YOUNG THE MISS OWN	COUNTY LES, WERE FIND LIFYING CAUSE VES COUNTY COUNTY 22c. DAT LIFYING CAUSE COUNTY COUNTY	STATE

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Witzke Catonsville FuneralHome, P.A.

BP. DHMH - 16 25M

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